

**Wire Fabricators Association
Information Exchange Program
Annual Labor Review Questionnaire 2011 for Calendar Year 2010**

Company _____

Prepared by _____ Date _____

DEADLINE: Monday, May 16, 2011

A. Labor Organization:

1. Non-union _____ Union _____ Affiliation _____

B. Personnel: (Indicate percentage of total labor force)

NOTE: Office includes accounting, administration, sales, engineering, purchasing, production control, plant engineer, and sales. The total should equal 100%.

Office Employees _____ Direct Labor _____ Indirect Labor _____

Please indicate the percentages of your total labor force. The total should equal 100%.

Salary _____ Non-salary _____

C. Wages: (Production workers)

1. Do you publish labor grades, progressive steps and ranges? _____ Yes _____ No

2. Hourly rate ranges from \$ _____/hour to \$ _____/hour.

3. Average hourly rate (not including fringes) \$ _____/hour.

4. Entry level starting wage rate \$ _____

5. Current Hourly Rates (not including fringes) for the following job classifications are:
(Top of grade)

- Production Planner/Scheduler \$ _____/hour
- Production Machine Operator \$ _____/hour
(press, [all], resistance welder, bender, no set-up)
- Skilled Machine Operator \$ _____/hour
(Straightener/cut operator, 4/slide, resistance welder,
includes set-up)
- Finishing Operator (Racker/non-racker) \$ _____/hour
- Assembler (unskilled) \$ _____/hour
- Arc Welder \$ _____/hour
- Material Handler (Fork truck) \$ _____/hour
- Set-Up (full-time) \$ _____/hour
- CNC Set-Up \$ _____/hour
- Powder Coating Sprayer \$ _____/hour
- Powder Coating Supervisor \$ _____/hour

- Maintenance/Repair \$ _____/hour
- Inspectors \$ _____/hour
- Tool & Die Maker \$ _____/hour
- Shipping/Receiving \$ _____/hour
- Senior Designer \$ _____/hour
- Junior Designer \$ _____/hour
- Quality Manager \$ _____/hour
- Buyer \$ _____/hour

6. Salary for Overall Plant Supervisor/Manager
(please indicate as many plant supervisors you have)

- Plant 1 \$ _____/Year # of employees responsible for supervising _____
- Plant 2 \$ _____/Year # of employees responsible for supervising _____
- Plant 3 \$ _____/Year # of employees responsible for supervising _____
- Plant 4 \$ _____/Year # of employees responsible for supervising _____
- Plant 5 \$ _____/Year # of employees responsible for supervising _____

7. Overtime Differential: (check appropriate)

	<u>Regular Rate</u>	<u>Premium Rate</u>		
		<u>1.5</u>	<u>2</u>	<u>2.5</u>
• Over 8 hours/day	_____	___	___	___
• Over 40 hours/week	_____	___	___	___
• Saturday	_____	___	___	___
• Sunday	_____	___	___	___
• Holiday	_____	___	___	___

8. Normal Overtime Paid:

- Over 8 hours/day Yes _____ No _____
- Over 40 hours/week Yes _____ No _____

9. Incentive Pay Plan: Yes _____ No _____

If yes, please give a brief description: _____

10. Bonus: Yes _____ No _____
If yes, what is it based upon (check all that apply)?
Profits _____ Attendance _____ Efficiency _____
Supervisor Appraisal _____ Other (please explain): _____

11. Differential Amount for: 2nd Shift _____ 3rd Shift _____

12. Do you provide across the board wage increases? _____ Yes _____ No

If yes, by percentage or dollar per hour? _____

What percentage or dollar amount was used last year? _____

13. Do you provide merit increases only? _____ Yes _____ No

If yes, by percentage or dollar per hour? _____

What percentage or dollar amount was used last year? _____

D. **Fringe Benefits:** (Average figures for production workers)

1. Number of holidays paid annually: _____

2. Do you offer Short Term Disability Insurance? _____ Yes _____ No
If yes:

2.1 Amount of benefit _____ % of base pay or \$ _____ /week.

2.2 Maximum number weeks benefit will last _____.

2.3 Average annual cost per employee for short term disability Insurance. \$ _____.

3. Do you offer Long Term Disability Insurance? _____ Yes _____ No
If yes:

3.1 Amount of benefit _____ % of base pay or \$ _____ /week.

3.2 Benefits start after _____ weeks of disability.

3.3 Duration of benefit _____ years

3.3 Average annual cost per employee for long term disability Insurance. \$ _____

4. Do you offer Life Insurance benefits? _____ Yes _____ No
If yes:

4.1 Standard Policy Value \$ _____

5. Do you offer Health Insurance? _____ Yes _____ No
If yes:

5.1 Do you have a self-insured plan? _____ Yes _____ No

5.2 Do you have a Fee based plan? _____ Yes _____ No

5.3 Do employees contribute toward the cost of health insurance? _____ Yes _____ No

If yes:

5.3.1 What percent of the monthly health insurance premium does the company pay?
(Assume employee pays the balance)

Employee Only _____% Employee +1 _____% Employee Family _____%

What is the gross monthly cost (before employee contribution) for

Employee only \$ _____

Employee + 1 \$ _____

Employee family \$ _____

If your plan offers different benefits for In Network, and out of Network providers/facilities, show answers for In Network only.

Prescription coverage: _____ Yes _____ No

If yes show co-pays _____ example 10/30/50/50%

\$10 generic/\$30 named brand/\$50 non-formulary/50% High end/experimental drugs

Office visit co-pay _____ example 15/30; \$15 regular/\$30 specialist

Annual Deductible per person _____ example 500/1000

Co-insurance after deductible _____ example 80/20 on next 5000

Emergency Room co-pay _____ example \$100

Urgent Care center co-pay _____ example \$30

Maximum Annual out of pocket _____ example \$1500/\$3000 \$1500 per person, \$3000 per family

6. Dental Insurance: Yes _____ No _____

If yes, _____% paid by the company _____% paid by the employee

7. Vision Insurance: Yes _____ No _____

If yes, _____% paid by the company _____% paid by the employee

8. 401K Plan: Yes _____ No _____

If yes, company matches _____% per dollar deferred by each employee on first _____% of gross pay.

9. Vacation:	<u>Length of Service</u>	<u>Number of Vacation Days</u>
	6 months	_____
	1 year	_____
	2 years	_____
	3 years	_____
	5 years	_____
	8 years	_____
	10 years	_____
	12 years	_____
	15 years	_____
	20 years	_____
	25 years	_____

10. Payment arrangements for Jury Duty and Armed Services:

	<u>Jury Duty</u>	<u>Armed Services</u>
a. No pay	_____	_____

- b. Full pay _____
- c. Difference between regular _____
11. Tuition:
 Reimbursement for college: Yes _____ No _____
 Reimbursement for a trade or skill: Yes _____ No _____
12. Rest periods: _____ minutes daily.
13. Wash up time: _____ minutes daily.
14. Retirement/Pension Plans
 Do you offer a defined benefit plan (pension): _____ Yes _____ No
 Do you offer a defined contribution plan (401K): _____ Yes _____ No
15. Safety shoes provided: Yes _____ No _____
16. Gloves provided: Yes _____ No _____
17. Safety glasses provided: Yes _____ No _____
18. Considering only hourly paid employees (production workers), the average cost of your fringe benefits program is \$ _____ per hour or _____ % of your average hourly rate.

Where fringe benefits include Vacation pay, Holiday Pay, Net health insurance cost, disability insurance cost, company paid life insurance cost, dental insurance cost, vision insurance cost, retirement plan cost, jury duty costs, and tuition reimbursement cost. This number does NOT include FICA, FUTA and SUTA.

E. **Other:**

1. Which if any of the following drug tests do you perform?
 _____ Pre-employment
 _____ Post accident
 _____ Cause/Behavior
 _____ Random
 _____ None of the above
2. Pre-employment practices:
 Physical Exam: Yes _____ No _____
 Substance Abuse Screening: Yes _____ No _____
3. Temporary employees: Yes _____ No _____
4. Cost per hour of entry level employees: \$ _____
 Probationary period until eligible for full time status (days): _____

DEADLINE: Monday, May 16, 2011

RETURN TO:

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